

# Towards a Nisean method in mental health: creating an art studio in a psychiatric emer- gency ward

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## Abstract

This article presents the experience of an artistic intervention proposed by the Psychology Residency Program in Mental Health at the Ulysses Pernambucano Psychiatric Hospital (HUP) and the University of Pernambuco (UPE) in the city of Recife, Pernambuco, Brazil. Since 2019, we have joined forces to create an art studio in the hospital's psychiatric emergency ward, in an effort to update Nise da Silveira's method of responding

to mental health crises. For our methodology, we chose the Jungian paradigm to support our reflections in this experience report. Immersed in the work of Dr. Nise and in the images produced at the HUP art studio, we affirm that a Nisean method should be better known and disseminated among mental health services. Nise da Silveira's work remains innovative in the care of the "countless states of being" and should be revised for the advancement of the Psychiatric Reform and the development of Jungian theory. ■

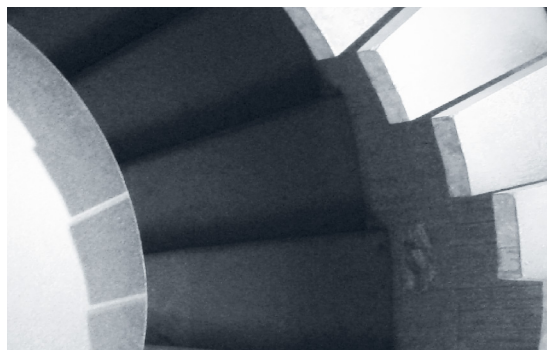
## Keywords

Nise da Silveira, analytical psychology, mental health, attention to the crisis, catalyst affection

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## Towards a Nisean method in mental health: creating an art studio in a psychiatric emergency ward

### Introduction

The name Nise da Silveira has become iconic in Brazil. Even people who are not in the mental health field have heard about this rebellious psychiatrist through movies, documentaries and the press in general. Nise is part of the social imaginary of Brazil. People working in the mental health area tend to consider her as a pioneer of Brazilian psychiatric reform, and many mental health services across the country are named after her (MAGALDI, 2020; MELO, FERREIRA, 2013; MELO, 2007).

Despite the fame of “Doctor Nise” – as she was affectionately known – her vast contributions have not been fully revealed. Few people have read her books (much of her work is out of print) and there are few services that continue to apply her pioneering method. Even in academia, she is rarely mentioned and there are few residency and graduate programs that use her body of work as part of the curriculum (MAGALDI, 2020; MELO, FERREIRA, 2013). How can someone become an icon and be forgotten?

The reasons for this contradiction can be multiple, and it is not our aim to analyze them<sup>1</sup>. The fact that she was a Jungian and a Communist, as well as a Northeastern woman in this conservative and patriarchal country, may shed some light. But the exclusion of her body of work from the mental health field is strange, since it is considered a progressive field in Brazil. Could the shadowy place that Jungian theory occupies in the country’s academia also cast a shadow on Nise da Silveira’s work?

We are mental health professionals dedicated to reviving her method, clinical practice, and theoretical contributions to our daily practices,

and we affirm that Nise is still alive and profoundly inspirational. We did not have the honor to meet her, but we feel that she lives and pulses in every image that is created in our mental health art studio.

Driven by this renewing Jungian and Nisean spirit, in our work in a psychiatric emergency ward for nearly two years, we have been developing a method of mental health crisis care based on freedom of expression.

The Ulysses Pernambucano Psychiatric Hospital (HUP) in Recife, Pernambuco, was the second psychiatric hospital founded in Brazil and, therefore, has a long history in the city and state. Since 2016 it has been used as a psychiatric emergency unit, working mainly with short-term hospitalizations. The deinstitutionalization process brought significant changes, transforming the hospital into a crisis response unit that articulates substitutive services with territorial-based care (ROLIM, 2019).

Nevertheless, this process resulted in the closure of practically all artistic expression activities that were conducted at the institution. The Therapeutic Activities Center (CAT in Portuguese), which operated from 1993 to 2015, was an important space for the art production that featured several workshops and creative work carried out by patients. When the HUP became dedicated exclusively to emergency care, the administration understood that there would no longer be space for artistic and expressive activities, since the space for patient care would be the substitutive services, and no longer the hospital.

We agree with the vision of deinstitutionalization and the advancement of the Psychiatric Reform, and defend that psychiatric hospitals remain in the past. However, we understand that as long as such facilities continue to exist, it is

<sup>1</sup> For this debate we suggest to read Melo (2007) and Magaldi (2020).

better for them to have spaces for free creation than to be limited to medication and discipline. Failure does so would reinforce the hegemonic thesis in psychiatry that symptoms are merely physical and chemical manifestations that can only be controlled by medical treatment.

In this context, we would like to present the experience of creating an art studio inside an emergency psychiatric hospital. Although Nise had worked in a traditional psychiatric hospital with chronically ill patients (and those who became chronic through long institutionalization) we see the potential of her method, not only for long-term care, but also for crisis response, when this care must be restricted to a few days of contact.

The statements of several patients – or clients, as Nise respectfully called them – seem to reinforce our defense: “When are we going to paint again?”, “Will we go to the art studio today?”, “Can I keep coming here to draw after I am discharged?”.

With this brief account, we hope to continue to inspire Nise da Silveira’s recognition, not only as a mythical figure, but as a proponent of a living method necessary for the advancement of Brazilian psychiatric reform.

### **Methodological path: an experience report seen through a Jungian perspective**

This article uses an experience report as a methodological resource. Daltro and Farias (2019) defend the experience report as an option for the creation of scientific narratives, especially in the field of applied human sciences, such as psychology.

As a scientific method, the experience report is a tool that articulates elements of a unique experience analyzed from the perspective of heterogeneity. Taking a distance from the premises of modern science – which seeks the neutrality and homogeneity of knowledge – an experience report allows an opening to subjective processes and productions. As stated by Daltro and Farias (2019), the construction of a reflective synthesis

through experience becomes an infinite source of meanings and possibilities that can be analyzed.

This does not mean that when we describe our practice, we are only addressing individual experience. Daltro and Farias (2019) affirm that creating a narrative through a significant experience articulated with a theoretical field allows greater theoretical deepening.

In this article, our object of analysis is the experience lived in the HUP art studio. We thus produce meanings as both authors and subjects of the experience, articulating the simultaneity of thinking and feeling.

Daltro and Farias (2019) also emphasize that an experience report must have a theoretical framework that supports their reflections, and we have used a Jungian paradigm.

We agree with Penna (2005) who proposes the challenge of articulating analytical psychology in the field of science, as it allows us to observe individual and collective phenomena beyond the pragmatics of clinical practice. The Jungian paradigm considers the totality of the individual, articulating the external world to individuality.

According to Wahba (2019), knowledge is subjected to the researcher’s “personal myth”, and it is important to arrive at a true expression of the lived experience, that is, a detailed presentation of everything that was observed. Also, according to Wahba (2019), research is not just a theoretical/practical articulation, but a complex questioning about affections and practice.

We start by presenting the theoretical framework and then our experience in the HUP art studio. We hope to contribute to outlining what we believe to be the Nisean method in dealing with mental health crises.

### **For a Nisean method of mental health care**

One night [...] we pointed a telescope at mental illness and found that the center of the universe is affection, and that affection can transform any mental disease.

It is affection that is the therapeutic process; it is what makes it possible to move forward. Doctor Nise da Silveira, the Galileo of medicine, discovered that affection is the center of the universe (testimony by Vitor Pordeus<sup>2</sup>, cited in MAGALDI, 2020, p. 272 [free translation]).

Doctor Nise was called a rebel for not conforming to hegemonic psychiatric practices and was truly revolutionary when she affirmed that affection should be at the center of mental health care.

Quite differently than most doctors of the time (and perhaps from most today), Nise allowed herself to affect and be affected through encounters with men and women who were dehumanized, silenced, and imprisoned in the dark environment of asylums. Nise fought against all forms of incarceration and segregation in this exclusionary society (perhaps because she was a prisoner during the Getúlio Vargas dictatorship), and was able to put herself in the place of people objectified by psychiatric practice (MELLO, DAMIÃO, 2014; OLIVEIRA, 2009).

It was in one of her experiments in the Occupational Therapy and Rehabilitation Ward (STOR in Portuguese) of the Hospital Pedro II, which began in 1946, that Nise developed her revolutionary care method. Mainly in the painting and sculpting studio developed in partnership with the artist Almir Mavignier, Nise began to see something that she had intuited about since her first contact with patients at the Praia Vermelha Hospital, where she was a resident: psychiatric books could not explain the phenomenon of psychic disorders (MELLO, 2014). The treatment methods were far from being effective, reinforcing her colleague's perception of what was then called "affective apathy" and "personality deterioration" in schizophrenia. How would it be

possible to demonstrate emotion and rebuild personality in such an inhospitable and hostile environment? (SILVEIRA, 1992).

Nise was not content with the theories and techniques that were presented to her. Through human contact with every patient she realized that these individuals, apparently so inaccessible, did preserve their affections, their intelligence and their human condition, which had been so brutally denied. It was enough to offer a free environment and affectionate contact to provide the necessary support for the individual to return little by little and share this reality (SILVEIRA, 2016).

It is correct to say that, in her practice, Nise discovered incredible artists, and contributed immensely to a change in the social view of madness. But her greatest discovery was the creation of a therapeutic method based on the development of affective bonds and the free expression of images of the unconscious (DAMIÃO, 2021; MAGALDI, 2020).

After standing by her clients, ensuring recognition of their humanity, Nise began to understand the hermetic language of psychosis. Starting at a non-verbal level, where most of her patients found themselves, Nise developed a truly active therapeutic method, learning to read the narratives of the images of the unconscious that became visible through the productions in the art studio. With simple and non-invasive means in a free and safe environment, Nise achieved what she considered to be the biggest challenge in psychiatric practice: to gain access to the inner world of the psychotic (SILVEIRA, 1992; 2016).

While Nise found in Jung's work the theoretical support that was lacking in psychiatric training, we understand that she went beyond her master, giving form to a true clinical treatment of psychosis. It was not by chance that Jung himself promptly answered a letter that Doctor Nise had sent to him in 1954, with photographs of mandalas made by clients at STOR. Jung probably saw the grandiosity of this experience and in 1957 invited her to study for a year

<sup>2</sup> Vitor Pordeus is a doctor and actor, one of the creators of *Hotel da Loucura* [Hotel of Madness], which since 2012 has been operating at the Engenho de Dentro Psychiatric Complex, in Rio de Janeiro.

at the C. G. Jung Institute in Zurich (CATTAPRETA, 2021; MELLO, 2014).

In his first years at Burghölzli, Jung was also moved by the question: “What goes on in the spirit of the mentally ill?” (JUNG, 2006). His experience as a psychiatrist, although *a posteriori*, resulted in the development of some main pillars of Jungian theory, such as archetypes and collective unconscious. However, while Jung took the clinic to the laboratory, Nise saw the opportunity to use the art studio as a clinical lab for the production of images by her clients. The space of free expression increasingly took on the guise of a method: a Nisean method (SILVEIRA, 1992; 2016).

She had done nothing more than what Jung had always defended: she used his theory and continued to develop it from empirical data. However, unlike what took place with Jungian theory (despite his protests), Nise was not interested in institutionalizing her knowledge. As a defender of free thought and free creation, this rebel psychiatrist who was one of the pioneers of Jungian theory in Brazil was not one of those responsible for its institutionalization and formalization in the country (MAGALDI, 2020). Could this be one of the factors that has contributed to her ideas being forgotten?

From our experience, we understand that Nise had developed her own method, and it is imperative that it become better known not only by the Jungian community in Brazil and throughout the world, but by all of those who work in the mental health field from the viewpoint of liberation. We will now present the theoretical framework for what we understand to be the Nisean method, to allow discussing the experience at the HUP art studio.

### **“If images take a person’s soul, to paint is to act”**

I moved into the world of images. The soul changed to something else. Images take

the person’s soul (Fernando Diniz<sup>3</sup> in SILVEIRA, 2016, p.15 [free translation]).

Nise, anchored in Jungian theory, understood psychosis as a shattering of ego before the unconscious pressure. The individual becomes incapable of bearing the conflicts lived in his reality, and is flooded by the unconscious – or “taken by its images”, as Fernando Diniz used to say. In this view, Nise states that “to paint is to act”, defending artistic expression as a legitimate therapeutic method – “a method of action able to defend itself from the flooding by the contents of the unconscious” (SILVEIRA, 2016, p.15 [free translation])

The therapeutic basis of plastic expression is centered on the opportunity to shape the images of the unconscious on an external screen, thus providing the ego’s differentiation from “invading” images. This process is described by Nise as a “disidentification” of the ego made possible by the action of “depotentializing” the strength of archetypal images activated by a crisis (SILVEIRA, 2016).

For Nise and Jung, the psyche is a living dynamic system in constant movement towards its own regulation. This self-regulatory process is developed mainly through the encounter of polar opposites, which compensate each other. The union of these poles, through a conscious-unconscious dialogue, is what Jung called the Transcendent Function. According to the creator of analytic psychology, it is through this dialogical process – which is often conflictive – that psychic energy is transformed. Symbols are the fruit of this long struggle – the third one, which is shaped through the dialectical encounter between conscious and unconscious (JUNG, 2012).

For Nise, “to paint is to act” not only because artistic expression is a form of deidentification of the ego from archetypal images, but also be-

<sup>3</sup> Fernando Diniz was one of the clients of the *Museu das Imagens do Inconsciente* [Museum of the Images of the Unconscious]. His vast work was one of Nise da Silveira’s main research materials.

cause it is a means of symbolic production with which we transform psychic energy:

The psychic process develops its dynamics through the creation of symbolic images. 'A symbol is a psychological mechanism that transforms energy'. Thus, the objectification of symbolic images in drawing or painting can promote the transfer of energy from one psychic level to another. An image is not something static. It is alive, active and truly possesses a curative power (SILVEIRA, 2016, p. 135 [free translation]).

In the books and documentaries in which Nise analyzed the production of some of her clients it is possible to follow this process of psychic energy transformation, as soon as the images begin to take shape. Along with the development of themes, symbols and forms of expression, it was also possible to observe changes in the relationships of clients with their own environment – revealing how much this process of psychic reorganization, through images, had significant therapeutic effects (SILVEIRA, 2016).

For the transformation to occur, it was necessary to offer a space of freedom and respect for each person's unique expression. It is difficult to face threatening images directly, especially for those who have lived the traumatic and painful experience of ego shattering. One of Nise's most valuable contributions was to identify the centrality of affection in mental health care. Without affectionate support, it is much more difficult for threatening images to emerge and take shape.

It is not by chance that the presence of monitors in art studios is essential. Nise da Silveira (2016) understood that the affectionate presence of the monitors should serve as a catalyst for the self-healing process, stimulating the unraveling of the images. The support of the monitoring team provides a non-threatening environment, serving as a first recognition of invasive images and, thus, helping in the process of ego restructuring.

Based on the ideas of Nise, Mello and Damião (2014) point to this characteristic of affection as a link between the subject and the world:

The importance of affection is that it is a disposition by which the individual takes root and opens himself qualitatively to the world; affection is a way of understanding the world. Affection would then recover the qualitative dimension, the chain of relationships that roots man and world. This rooted relationship happens through affection, and what was not previously reported becomes a more or less clear and articulated idea, thanks to the support of consciousness (p.193 [free translation]).

For individuals who have lost part of contact with shared reality and have taken refuge in the inner world, affection is the bridge that allows a return. For this reason, affection is imperative for Nise: it enables "healing" because without a relationship, there is no therapeutic process. Being let through the web of a relationship is what makes possible the creative collage of the shattered ego. Affection is the glue and the images are the fragments to be psychically reorganized. This bricolage produces new arrangements for the ego, perhaps larger and more significant (MAGALDI, 2020, SILVEIRA, 2016).

Jung (2012), when discussing the Transcendent Function in the book *On the Nature of the Psyche*, states that the "principle of creative elaboration", which would be the access to the unconscious through expressive resources, requires the "principle of understanding", that is, the capacity of the conscience to elaborate these images and symbols. If the transcendent function is a dialogue between the conscious and the unconscious, it seems evident that creative expression could not renounce the role of the conscious. Every dialogue requires the flow of exchange between the parts, widening them by incorporating even then unknown aspects.



Nise, however, observed that the opportunity for expression produces therapeutic effects, even when the comprehension of consciousness is not possible, such as the case of psychotic patients: “the images of the unconscious objectified in painting can receive a certain type of treatment, even if there is no clear perception of their profound meanings” (SILVEIRA, 2016, p. 146 [free translation]).

Based on her vast experience, Nise defends that, in the first moment, it is necessary to “depotentialize” the energetic charge of archetypal images through expression, so that in a later moment, when the individual is closer to consciousness, this elaboration becomes viable:

In practice with neurotics, as a rule, a synthetic work that unites intellectual and emotional interpretation becomes enormously difficult with psychotics. In them, images come from very deep strata of the unconscious, extremely distant from the conscious, layered in very strange forms and carrying a strong energetic charge. Before being “depotentialized” of their charges, at least partially, it would not be possible to grasp them by interpretations. This will only become possible after they go through a process of emotional transformation and get closer to the conscious (SILVEIRA, 2016, p.146 [free translation]).

For this reason, Nise proposes in her book *O Mundo das Imagens [The World of Images]* (1992) that mental health care, especially in the most difficult cases, should start at a non-verbal level:

Communication with a schizophrenic, in severe cases, is unlikely to succeed if it is initiated at the verbal level of our common interpersonal relationships. This will only happen when the curative process is more advanced. It will be necessary to start from a *non-verbal level*. It is then that occupational therapy can be inserted with

greater opportunity, offering activities that allow the expression of non-verbalized experiences by someone who is immersed into the deep unconscious, that is, in the archaic world of thoughts, emotions and impulses beyond the reach of the elaborations of reason and word (SILVEIRA, 1992, p.16 [free translation]).

Based on these premises, Nise argues that creative, active, free and affectionate expression – initially called Occupational Therapy and later “Emotion-focused coping” – is recognized as an authentic therapeutic method, and affirms that it is the best indicated for application in public mental health institutions (SILVEIRA, 2016).

### **Image-continent: the experience of an art studio in dealing in mental health crises**

To open a space of free creation inside a psychiatric hospital amid so many fences, walls and barriers, may seem small, but it has been a lot. To give space to colors in a gray environment generates many contrasts. To recall Drummond’s<sup>4</sup> poetic words, the art studio at HUP is like a simple flower that is capable of sprouting from the asphalt.

The project began in 2019, when the Psychology Residency in Mental Health program at HUP and the University of Pernambuco (UPE) started to conduct the Art and Mental Health Seminar at the institution as part of the required clinical training. Students from the Visual Arts course at the Federal University of Pernambuco (UFPE) carried out extension work in the seminar, adding their artistic sensibilities to the vision of psychology.

In 2020, the University suspended all in-person activities because of the Covid-19 pandemic, reducing the team to two psychology residents and the project coordinator. After a few months without knowing how to maintain the interven-

<sup>4</sup> We are referring to the poem “A Flor e Nausea” from the book *A Rosa do Povo*, by Carlos Drummond de Andrade.

tion in this new context, we decided to expand the team's interdisciplinarity, and invited residents of psychiatry and nursing from the HUP to participate. Something that was not intended at the beginning has become a real gift. The project profited considerably from the partnership with different professionals in training, each with their own perspective but all attentive and sensitive to the deep process of expression of the participants in the art studio.

One of the psychiatry residents immediately asked: "will we be able to read Nise da Silveira?" and that in itself was significant. It was even more touching when another resident said that listening to patients in the art studio was entirely different from listening to them in the doctor's office: "Here it seems that we see the person and not only the disease". At these moments, it was possible to contemplate the movement that a flower makes when it sprouts from the concrete.

For 4 months, we performed weekly interventions, first in the female ward and later in the male ward. During the second semester of 2020, we carried out the project entitled "The Walls Speak: a procedural mural". It consisted in creating mural posters with the drawings produced in the "creative encounters". Afterwards, we would become more daring and began to freely paint the walls of the institution. It was beautiful to see the patients' satisfaction when they were able to step back and see their creations on the wall. One came and said: "I want to leave my mark here too, doctor!"

Art students continued to participate in 2021 and the team grew even more with former resident volunteers who wanted to continue to collaborate with the HUP art studio. In 2021, we meet every Friday afternoon, combining moments of more individualized expression with collective production, painting the hospital walls together.

Each meeting is a little oasis of freedom and creation. We meet a little earlier to set up the space and organize all the art materials we have. Without having to call them, patients come and begin to prepare. Most of the time, they reveal a

hunger for space of expression, asking for paper, pens or using whatever it takes to write and draw on the walls of the ward.

We noticed this desire to express themselves when, without us needing to say a word, some took the pencils and painted and began to draw and write – sometimes in incomprehensible languages. During studio time we would be around, ready to help, listen and watch carefully. Our main function is to provide resources for expression to occur. We provide paper, pencils, paint, clay; we play instrumental music in the background and make our attention and affection available to those who feel the call for expression.

It is wonderful to observe how the "configured unit of images" described by Nise materializes before us. Houses, cats, whales, hearts, seas, hills, and stars spontaneously appear. The more deeply immersed in the collective unconscious – or the more "disorganized" from a psychiatric perspective – the more abstract the images are. This does not mean, however, that they are not a form of communication. As Nise teaches us, when we attentively observe with genuine interest how expression takes place, each stroke is a form of expression and communication.

One day, a patient who was having frequent crises of heteroaggressiveness came to the courtyard where the art studio was located. She picked up a red pencil and began to draw with tremendous energy, filling up the entire page. Disregarding any kind of edge or boundary, her strokes crossed over the paper to the table, almost reaching the monitor's clothes. When the monitor asked what the patient was doing, she responded: "A heart. I am taking revenge on my husband". She tore at the paper with the strokes of her pencil, and after some time in this cathartic movement she asked if we had adhesive tape: she wanted to mend her heart. The process of self-healing had begun.

Another patient, a young man who had recently been admitted for the first time, was very distressed. Without realizing where he was or what was going on, he insistently asked: "Where is



my sister?” At that time, any verbal intervention would have been insufficient. The anguish grew to the point of almost defeating him, until one of the workshop monitors invited him to go to the art studio. There he took some clay and began to press hard on it. Then the monitor asked him if he would like to throw the pieces on the wall. He did that while repeatedly shouting: “Where is my sister?” The force he used to throw the clay against the tiled wall made it stick, and he had to go to several times to remove the pieces, replaying the scene as many times as necessary. It seemed that he needed that physical release to deal with the growing anguish, and if he did not have this plastic material and the monitor’s affectionate support, he probably would have had an episode of psychomotor agitation and heteroaggressivity.

Even when we cannot observe the creation of a series of images due to the short hospitalization periods, it is possible to validate the affirmations of Jung and Nise about images being self-portraits of a psychic situation.

One of the patients who had difficulty expressing herself verbally due to her psychopathological condition began to draw a female figure. She said it was her mother. She then placed other figures around and said that they were her, her brothers and her father. After a while, the mother figure had expanded to the point where all other figures disappeared. The final image looked like a massive abstract octopus, with many tentacles. It was not necessary to know much about her personal history to understand that the crisis was related to an engulfing maternal complex.

The following week, it was even more interesting to observe the same patient, who seemed much calmer. She asked for a pencil again and began to draw her family for the second time. The mother was still bigger than the other family members, but this time all the figures had a clear outline. A few days later, the patient was discharged. Even without being able to talk about her experience, the possibility of shaping this conflict in images seemed to be enough for her psychic reorganization at that time.

We realized that our willingness to also enjoy that space as a moment of freedom of expression and spontaneity, when drawing with them or photographing, also seemed to have an important function. Our genuine interest in the patients’ artwork seemed to be an invitation to enjoy that “heavenly moment”, as it was called by one of the patients who came to the art studio. To see us there shaping images, sharing that space without hierarchy or distance, allowed us to lower defenses, bringing the soul of all participants to the center of the experience.

The art studio is a space where the sacredness of the encounter is respected. Nise’s subtle perspective on the importance of affectionate relationships provides a catalyzing function for symptoms and narratives to find space for elaboration. The patients seem to find in that environment a potential to unpretentiously shape their deepest aspects. And, as Nise taught us, it was the affectionate availability of the monitor that made this possible.

The patient who used the clay to express his anguish at finding himself alone in the psychiatric hospital began to attend the studio every week. He had the chance to use clay again in different ways: handling, pressing, pulling and making a jar and then the legs. He ended up also molding a face with eyes and mouth, but without a nose. He then painted it with the colors of his soccer team. He asked the monitor for a mirror and painted his own face with the same colors that he had used for his sculpture – perhaps as a symbolic way of reconstructing his vision of himself. From this moment on, he began a dialogue with the monitor, narrating his personal history, family relations and even the relationship with his self-image.

One of the patients repeatedly drew a boat and told to the workshop monitors his story as a fisherman. One day, we noticed a boat drawn on the highest part of the wall of his ward. Soon we recognized the image: that boat was known to us because we would see it every week at that old fisherman’s work. The small gap opened by the

studio's freedom generated the desire to continue expressing himself in other moments and on other surfaces, which we consider extremely significant. Would this creative gap continue to widen after the patient is discharged?

This is our hypothesis. That a small flower, sprouted in an unfavorable environment, can find fertile soil. Or, perhaps, little by little, can begin to fertilize the barren soil of this society so hostile to the different.

## Final considerations

Given the current challenges of the Psychiatric Reform in Brazil, an art studio within a psychiatric hospital may initially be seen as insufficient. In the context of the setbacks that we have been experiencing, we understand the difficulties faced in maintaining the Psychosocial Attention Network on the path to a society without asylums. However, what we have observed is that the stimulation of expressive processes – even during a peak of psychological distress experienced in a mental health crisis – is essential for the process of psychic reorganization. Even in unfavorable circumstances, such as in a hospital context, an opportunity for free creation produced therapeutic effects. Furthermore, it has pointed towards other ways of providing care beyond medicalization and discipline.

We understand that Nise's sacred treatment seems to freeze her in the past, as if the revolution started more than 70 years ago no longer

make sense at a time when we already have an anti-asylum movement. Many practices have certainly been updated, but Nise da Silveira's work as a mental health professional taking care of the "countless states of being" continues to be innovative today.

Our experience allows us to state that Nise provided a method that prioritizes affection and the possibility for psychic reorganization through the free expression of images of the unconscious. It is up to us to rescue this innovative and revolutionary method, and review and share it in mental health spaces.

Nise's work and the extensive collection of the Museum of the Images of the Unconscious provide us with a legacy. We understand that it is our task to continue her research, not only applying her method creatively, but studying these precious and profound images files.

When, in an interview for *Psicopombo* (1998), Nise was asked by Roberto Fernandes about how we could learn Jungian theory, she deftly answered: "The best way to learn Jung is at the Museum of the Images of the Unconscious" (SILVEIRA apud BLOISE, 2021, p. 29). Her contributions remain contemporary and necessary, and are important not only for the advancement of Psychiatric Reform, but also for the continuous development of Jungian theory. ■

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## Resumo

### *Por um método niseano na saúde mental: a construção de um ateliê de arte na emergência psiquiátrica*

*O presente artigo relata a experiência da intervenção artística proposta pelo Programa de Residência de Psicologia em Saúde Mental do Hospital Psiquiátrico Ulysses Pernambucano (HUP) e Universidade de Pernambuco, na cidade de Recife, em Pernambuco. Desde 2019, viemos somando forças para a criação de um ateliê de arte dentro da emergência psiquiátrica, buscando atualizar o método de Nise da Silveira na atenção à crise em saúde mental. No percurso metodológico, escolhemos o paradigma junguiano*

*como fundamento de nossas reflexões articuladas a partir do Relato de Experiência. Imersas nas obras da Dra. Nise e nas imagens produzidas no ateliê de arte do HUP, defendemos que existe um método niseano que precisa ser mais bem conhecido e disseminado nos serviços de saúde mental. O trabalho realizado por Nise da Silveira segue inovador no cuidado aos “inumeráveis estados do ser”, sendo importante de ser resgatado no avanço da Reforma Psiquiátrica e no desenvolvimento da teoria junguiana. ■*

**Palavras-chave:** *Nise da Silveira, psicologia analítica, saúde mental, atenção à crise, afeto catalisador*

## Resumen

### *Por un método niseano en salud mental: la construcción de un estudio de arte en emergencias psiquiátricas*

*Este artículo relata la experiencia de la intervención artística propuesta por el Programa de Residencia en Psicología en Salud Mental del Hospital Psiquiátrico Ulysses Pernambucano (HUP) y la Universidad de Pernambuco, en la ciudad de Recife, PE. Desde 2019, hemos unido fuerzas para crear un estudio de arte dentro de la emergencia psiquiátrica, buscando actualizar el método de Nise da Silveira para abordar la crisis de salud mental. En el camino metodológico, elegimos el paradigma junguiano como fundamento de nuestras reflexiones articuladas desde el Informe de Experiencia. Inmersas en la obra del Dr. Nise y en*

*las imágenes producidas en el estudio de arte del HUP, defendemos que existe un método niseano que necesita ser más conocido y difundido en los servicios de salud mental. El trabajo realizado por Nise da Silveira sigue innovador en el cuidado a los “innumerables estados del ser”, siendo importante de ser rescatado en el avance de la Reforma Psiquiátrica y en el desarrollo de la teoría junguiana. El trabajo realizado por Nise da Silveira sigue siendo innovador en el cuidado de los “innumerables estados del ser”, siendo importante rescatarlo en el avance de la Reforma Psiquiátrica y en el desarrollo de la teoría junguiana. ■*

**Palabras clave:** *Nise da Silveira, psicologia analítica, salud mental, atención a la crisis, afecto catalizador*

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